



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

**Advisory Committee on Pain and Symptom Management (ACPSM)  
Meeting Minutes**

**May 3, 2013**

**Members in attendance:**

Lawrence Ashman, DDS  
Daniel Berland, MD  
Dennis Dobritt, DO  
  
Carole H. Engle  
Lisa Gigliotti, JD  
Carmen Green, MD  
John Jerome, PhD  
Jody Kohn, MSW  
Jeanne Lewandowski, MD  
Robert Noiva, MD  
Lawrence Prokop, DO  
Karel Schram, PA  
April Hazard Vallerand, PhD, RN

**Representing/Appointed by:**

Michigan Board of Dentistry  
Michigan Board of Medicine – pain specialist  
Michigan Board of Osteopathic Medicine & Surgery – pain specialist  
LARA/Bureau of Health Care Services  
Governor appointee – public member with chronic pain  
University of Michigan School of Medicine  
Michigan Board of Psychology  
Governor appointee - public member  
Michigan Board of Medicine – primary care  
Oakland University William Beaumont School of Medicine  
Michigan State University/College of Osteopathic Medicine  
Michigan Task Force on Physician's Assistants  
Michigan Board of Nursing

**Members absent:**

Lisa Ashley, MSW  
William Morrone, DO  
  
Steven Roskos, MD  
Claire Saadeh, Pharm.D, BCOP

Governor appointee – State hospice organization  
Michigan Board of Osteopathic Medicine & Surgery – primary care  
Michigan State University/College of Human Medicine  
Michigan Board of Pharmacy

**Visitors in attendance:**

Tanya Baker  
Nirva Civilus  
Peg Nelson  
Jeannie Vogel  
Debbie Webster

LARA/Communications Office  
LARA/Communications Office  
MCPI  
LARA/Communications Office  
Michigan Cancer Consortium

**Department staff in attendance:**

Susan Affholter  
Steve Creamer  
Deb Ingraham  
Michael Wissel

The meeting was called to order at 9:38 a.m.

**Welcome –Carole H. Engle, ACPSM Chair:**

Engle introduced herself and explained the changes within the bureau. She explained that the Bureau of Health Professions and the Bureau of Health Facilities had merged to create the Bureau of Health Care Services. Lewandowski asked how the advisory committee relates to Department of Community Health. Engle explained that LARA is a regulatory agency with a few small other functions, such as the advisory committee. Berland asked where policy comes from. Engle explained that the committee can help shape policy related to pain management.

A packet of 2013 information was handed out to all members and staff. The packet included the following: 1) November 2, 2012 meeting minutes; 2) ACPSM recommendations for 2011-2013; 3) A Pain Toolkit for Health Care Professionals; 4) *Model Core Curricula on Pain Management for Michigan Medical Schools*, and 5) Survey findings for both physicians and the public.

A motion to approve the agenda was made by Berland and seconded by Gigliotti. The agenda was approved.

A motion to approve the November 3, 2012 meeting minutes was made by Gigliotti and seconded by Kohn. The minutes were approved.

Engle noted that Creamer's section had been reorganized and now included training components from different parts of the bureau. She also noted that the section was now called the Health Care Information and Training Section.

**MAPS Update - Mike Wissel**

Wissel began by noting that 43 states now have active Prescription Monitoring Programs (PMPs). Wissel stated that we do not have a Health Information Exchange (HIE) set up yet, but we are set up for a PMP hub and entry point for the hub. He also noted that a HIE is HIPPA compliant and that we get Federal funds for it. Wissel stated that the PMP uses state pain management funds.

Lewandowski wondered if we are using the funding as it was originally intended.

Wissel replied that we are in a partnership with Medicaid, working with Suboxone providers to require that providers registered for Suboxone payments must use MAPS. He also noted that even though the VA is exempt from reporting, they are getting ready to begin reporting. He stated that the Chippewa Tribe is also exempt but sees the benefit in using MAPS. Wissel advised that the Department can now share data with insurance companies who are trying to investigate fraud, but that it would only be patient data not provider information.

Wissel continued by discussing 2012 statistics. He stated that there were 5000 reports daily and 23,759 practitioner users. He noted that of the 20,991,020 scripts written in 2012, 6,758,828 (33%) were for Hydrocodone. Wissel said that many doctor shoppers use six or more doctors, and one doctor got fifty letters sent to him advising him that some of his patients were using several doctors to acquire pain medication. Wissel noted there was a significant drop in doctor shoppers from 2011 until 2013:

	<u>2011</u>	<u>2013</u>
Shoppers at 10 or more:	49	1
Shoppers at 6 or more:	530	124
Alerts per month:	1846	993

Schram asked if any emergency room doctors were indicated. Wissel replied that they were not.

Gigliotti asked if Michigan residents who go to Wisconsin can be identified and sent a letter. Wissel replied that Wisconsin is not in the HUB, so we could not.

Wissel then said the reason more doctors are not using MAPS falls into six main factors: It is time consuming, lack of knowledge about MAPS, false beliefs about MAPS, the lack of reimbursement for running a MAPS, they stubbornly resist, or they fear knowledge will require action.

Greene stated she was concerned about the tone. She said that Suboxone is not always abused. She also was concerned about the emphasis on low income.

### **ACPSM Subcommittee Reports/Project Updates**

#### **Professional Education Subcommittee Report Reporters: John Jerome, PhD.**

Jerome asked, "What can we do to educate our colleagues?" He stated that pain is sensory and emotional and subjective. He noted that they developed the Pain Toolkit using the Noah's Ark approach; one physician, one psychologist, one pharmacist. They wanted it to be concise, easy to read, and to encourage colleagues to change their pain practices. They tested it on a test group to see if it motivated them to change. He asked for the committee to look at the tool kit and he read the main points. Jerome noted that you have to be mindful when prescribing opioids.

Lewandowski stated that this is an incredibly valuable document. She noted that many REMS require information on pain and this could be used for curriculum for REMS. She said that Boston University School of Medicine is doing a "Scope of Pain" training program on opioid prescribing, which includes a "train the trainer" component that will happen in September.

Noiva said he wanted to second what Jerome and Lewandowski said. He was very supportive of what we want to do for students. Lewandowski said she thought we could use the toolkit in a PSA and wondered about putting it on the web site.

Engle stated that Jeannie Vogel and other staff instrumental in the past PSAs were here and that when this is finalized we are prepared to go ahead and publish it.

Berland stated that there are other aspects of treating pain besides opioids. Mid-Michigan Practice did an all-day conference on how to treat pain, pain psychology, not just opioids.

Gigliotti commented that some examples might be helpful. Under number two, Mechanisms of Acute, an example could be to give a three day prescription instead of giving hundreds of pain pills. She also felt under number four that giving information about the drug should be mandated. In number eight, she thought having someone sign a form acknowledging that they received the information about a drug much like what is done when you are discharged from the hospital.

Jerome stated that the subcommittee would like to make this a live document. He also said that the subcommittee would like the committee's blessing and would like to get the document published.

Noiva stated that when putting this on the web we make sure it is printable.

Prokop moved and Dobritt seconded approving the toolkit "*A Pain Toolkit for Health Care Professionals*". The motion was approved.

Gigliotti then brought up the notion of opening up the Board of Medicine Rules to add one hour of pain continuing education to requirements.

Engle stated that this is an administrative rule and the Board of Medicine will have to agree to open this up. She said this should be brought up at the next board meeting and it is not insurmountable.

Berland asked if one hour of pain education is enough. Berland moved that this committee recommend that at least 3 hours every 3 years of pain continuing education be added to the rules for the Boards of Medicine. Prokop seconded the motion. The motion was approved and then was withdrawn.

Affholter added that we already have one hour of pain continuing education in the rules, but they are not enforceable for those boards not formally adopting the practice.

Vallerand noted that nurses must identify or link the certificate to their license renewal. She suggested this might be a way of making sure physicians are getting their pain continuing education.

Engle asked Creamer to speak with Noreen Lind about getting this issue on the agenda for the next meetings of both the Board of Medicine and the Board of Osteopathic Medicine. Berland and Lewandowski will speak to the Board of Medicine. Dobritt and Prokop will speak to the Board of Osteopathic Medicine.

Gigliotti recommended that we add Promote Pain Education to the Medical Boards as a 6<sup>th</sup> recommendation on the list of ACPSM Recommendations for the FY 2012-FY 2013 Period. (removed content)

### **Health Consumer Education Subcommittee Report** **Reporter: Lisa Gigliotti**

Gigliotti reported that the subcommittee met in March and talked about the results of the surveys. She noted that the data in the surveys is very important to the sub-committee. Gigliotti stated that LARA got very little feedback on the PSA's until Creamer explained that the key to getting the PSA's on at a time they would be heard was to partner with the Michigan Association of Broadcasters. We are now doing that. Many of the comments regarding the PSA's received on the website were about medical marihuana and why it is not on the website. Gigliotti added that the PSA's direct people to our website. She googled pain management and when she got to our website, many of the links were broken and needed to be fixed. Other discussion in the sub-committee included updating the toolkit on the website. This included adding a click here to the toolkit icon, updating the links, updating titles, and making it more enticing. She stated that we have maintained the health care message that you can live a life that has meaning and purpose while in pain.

### **Pre-professional Student Education Subcommittee Report** **Reporter: Jeanne Lewandowski, M.D.**

Lewandowski reported that the subcommittee has developed and made recommendations to the *Model Core Curriculum on Pain Management for Michigan Medical Schools*. We have encouraged schools to use the IASB curriculum. We have focused on medical schools and identified issues to develop the *Model Core Curriculum*. We want this to be a living and working document. In April 2013 letters and the *Model Core curriculum on Pain Management for Michigan Medical Schools* were sent out to the deans of curriculum for all state medical schools.

The next step would be to see if this curriculum can be used for other disciplines and being sensitive to developing it based on their standards.

Noiva stated that it had been received by Oakland Beaumont and had been distributed. They distributed it to both undergrad and graduate programs. The comments he has heard is that they would like an electronic copy and that lots of people are excited about this. Noiva also suggested it should be sent to the American Association of Medical Educators so that all medical schools would be looking at this.

Prokop suggested that American College of Osteopathic Medicine should also get it.

Green suggested that we could keep track of it with the neuro-centers funded by National Institute of Health. She said Linda Porter was the contact person.

Kohn stated this would also be helpful for medical social workers.

Noiva said this document is encouraging of inter-disciplinary curriculum and encouraging inter-professional activities and looking at the patient as a whole person.

Affholter said the committee can rest assured that the multi-disciplinary committee developed this with this goal in mind.

### **Projects Supporting ACPSM Recommendations – Steve Creamer:**

Creamer reported that we have just received enough of the updated pain management resources DVD's for two years of distribution, with a mass mailing going out this summer. He also noted that the recently updated ROP booklet has been distributed and will be again this summer.

Creamer reported that we have had two survey results this year. The Public Survey was done in 2009, 2011, and 2013 and not a lot has changed. However, there were a few significant changes:

- The number of the public who said chronic pain can be managed increased.
- The number who said they have had a physician show reluctance or refusal to prescribe what you thought was an effective type or amount of pain medication decreased.
- The number of people whose health professional did not think their pain was bad enough for them to need a certain type of pain medication decreased from 50% in 2009 to 28% in 2013.
- The number who said their provider suspects they may be misusing pain medication increased.
- The number who agree that many don't seek treatment for their pain because they fear becoming addicted to pain medication went up.

Creamer next reported on the Physician Survey. Some significant findings include:

- The number of physicians who were aware of MAPS has gone up from 67% in 2009 to 81% in 2012.
- The number of physicians who have used MAPS has gone up from 38% in 2009 to 52% in 2012.
- The best source of pain management information was the Bureau of Health Care Services was listed only .7% in 2009. It was listed as 7% in 2012.

Creamer informed the committee that Joseph Yang had been hired to do web design and was working with the LARA Communications office and the Media office on

promoting the program through social media. He also noted that both the MiPainManagement Newsletter and the Public Forum Newsletter would be out this summer.

Creamer told the committee that we had just put on a Joint Provider training with almost 1000 people in attendance and that RuthAnn Brintnall had done a good pain management presentation. Creamer stated that we plan to continue to do pain management sessions at the Joint Provider Trainings. He noted another avenue to get our information out is the Annual Report on Licensing, which has our information in it.

Lewandowski suggested we put the DVD on the website.

### **Closing Discussion/Public Comment:**

Engle advised the panel that the makeup of the Michigan Medical Review Panel (MMRP) did not comport with the law. She explained that she sent a letter to current MMRP members to say we will not meet again until we comply with the law. Carole noted that there can be no more than 15 members, with a majority of them physicians. She stated that at least 7 have to be ACPSM members, with 4 of those physicians. She said Karen Towne deals with Governor appointments and if you are interested in being on the MMRP please contact her so we can get that information. She then asked that a Medical Marihuana update be added as an agenda item, including requests and turn-around time, for next committee meeting.

Engle informed the committee that there had been a number of retirements including Rae Ramsdell and Celeste Clarkson, who retired last Tuesday. Engle hopes to have these positions filled by the end of this month.

Engle noted that the next meeting is scheduled for November 1, 2013. She asked committee members to keep in touch with Creamer about agenda items. She then stated that there were a number of items that were not on the agenda but that the committee wanted to discuss. She asked if we should have more meetings or keep two meetings with a longer duration. Lewandowski suggested extending the length of the meeting.

### **Travel Reimbursement**

Ingraham noted that if anyone wanted to claim travel reimbursement they should contact her.

### **Public Comment**

Peg Nelson of Michigan Cancer Pain Initiative (MCPI) brought up several points:

- MAPS - Those who work in a hospital, seeing a patient for the first time who is in pain routinely use MAPS to understand appropriate dosing, so they can be safe and effective. They also need to use MAPS because Joint Commission has advised them to.

- Graduate Medical Education – Not only is content important but more critical is the application. Residents need to have a rotation with pain/palliative clinicians. So many trainers in medical education and rounding physicians are inappropriately teaching about pain and especially safe and effective use of opiates.
- ROP – The Fishman book is a great book. It should be required for those who rotate on our service as well as the Primer for Palliative Care. Both are incredibly helpful and easily understood.
- Toolkit – This toolkit should also be sent to hospital Chief Medical Officer's and quality people who are also requiring doctors, nurse practitioners, and allied health to have pain education for renewing their hospital privileges.
- Michigan Cancer Pain Initiative –They could be the engine to facilitate the rollout of the tool kit.

Tanya Baker of LARA Communications stated that she is working with Joe Yang to develop a new Facebook page for pain management. She also noted that they did the rollout of the pain management campaign last September and they are working on creating a new campaign. This will again include:

- The Governor's Proclamation
- Op-ed articles
- Interviews

Kohn noted that Pain Awareness Month needs to be discussed in sub-committees soon.

Engle requested that if people had things they wanted to address they should please contact Creamer to get them on the agenda.

**Adjourn – Carole H. Engle:**

The motion to adjourn was made by Prokop and seconded by Greene. The meeting was adjourned at 12:16 p.m.